

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
12-19-19	6		Clarified that there must be clinical justification if no signature by beneficiary on the IPOC.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals."
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms	-	Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977

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Date	Section	Page(s)	Change
08-10-18	Change Control Record	1 2	<ul style="list-style-type: none"> <li>Added entries to 07-01-18 for Medicaid Rehabilitative Staff Qualifications and IPOC Components</li> <li>Added entry to 03-01-18 for Utilization Management for Private Providers</li> <li>Updated Forms section change descriptions for dates 01-01-18 and 03-01-18</li> <li>Updated Webpage change description for date 03-01-18</li> </ul>
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	23 35 59 126	<ul style="list-style-type: none"> <li>Updated Eligibility for Rehabilitative Services</li> <li>Updated Medicaid Rehabilitative Staff Qualifications</li> <li>Updated IPOC Components</li> <li>Updated Service Documentation</li> </ul>
07-01-18	3	34 34	<ul style="list-style-type: none"> <li>Updated Retro Health Insurance</li> <li>Updated Retro Medicare</li> </ul>
07-01-18	4	3	<ul style="list-style-type: none"> <li>Updated Crisis Management</li> </ul>
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> <li>Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952</li> <li>Updated CARC for 786</li> <li>Updated Resolution for 906 and 907</li> </ul>
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> <li>Updated Retro Health and Pay &amp; Chase</li> <li>Updated TPL Resources</li> </ul>
06-01-18	2	23	Updated Eligibility for Rehabilitative Services

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Date	Section	Page(s)	Change
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
04-01-18	2	73	<ul style="list-style-type: none"> <li>Updated Staff Qualifications</li> </ul>
03-01-18	Change Control Record	11	<ul style="list-style-type: none"> <li>Moved entry dated 11-01-14 below entry dated 12-01-14</li> <li>Added Appendix 1 entry for date 12-01-14</li> </ul>
03-01-18	2	48 130-131 136	<ul style="list-style-type: none"> <li>Corrected table header for Utilization Management for Private Providers</li> <li>Updated Purpose, Peer Support Services (PSS)</li> <li>Updated Peer Support Specialist</li> </ul>
03-01-18	Forms		<p>Updated the following forms to replace the SCDHHS letterhead:</p> <ul style="list-style-type: none"> <li>Fax Cover Sheet for RBHS Exception</li> <li>Request for Rehabilitative Behavioral Health Services Limit Exception</li> <li>Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> <li>Community Integration Services Provider Credentialing Request</li> <li>Therapeutic Childcare Center Credentialing Request</li> </ul>
03-01-18	Webpage	-	<p>Updated the following forms to replace the SCDHHS letterhead:</p> <ul style="list-style-type: none"> <li>Fax Cover Sheet for RBHS Exception</li> <li>Request for Rehabilitative Behavioral Health Services Limit Exception</li> <li>Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> </ul>
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes

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Date	Section	Page(s)	Change
01-01-18	Forms	-	Updated the following forms to replace the SCDHHS letterhead: <ul style="list-style-type: none"> <li>Fax Cover Sheet for RBHS Exception</li> <li>Request for Rehabilitative Behavioral Health Services Limit Exception</li> <li>Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> <li>Community Integration Services Provider Credentialing Request</li> <li>Therapeutic Childcare Center Credentialing Request</li> </ul>
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	Forms	-	Updated the following forms to replace the letterhead/logo: <ul style="list-style-type: none"> <li>Fax Cover Sheet for RBHS Exception</li> <li>Request for Rehabilitative Behavioral Health Services Limit Exception</li> <li>Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> <li>Community Integration Services Provider Credentialing Request</li> <li>Therapeutic Childcare Center Credentialing Request</li> </ul>
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes

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Date	Section	Page(s)	Change
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	Forms	-	<p>Updated the following forms to replace the letterhead/logo:</p> <ul style="list-style-type: none"> <li>• Fax Cover Sheet for RBHS Exception</li> <li>• Request for Rehabilitative Behavioral Health Services Limit Exception</li> <li>• Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> <li>• Accreditation Crosswalk for Rehabilitative Behavioral Health Services</li> <li>• Accreditation for Rehabilitative Behavioral Health Services</li> <li>• Program Changes for Rehabilitative Behavioral Health Services</li> <li>• Voluntary Termination Notification for Rehabilitative Behavioral Health Services</li> <li>• Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service</li> <li>• Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service - Spanish</li> <li>• Community Integration Services Provider Credentialing Request</li> <li>• Therapeutic Childcare Center Credentialing Request</li> </ul>
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	4	2-3 8-9	<ul style="list-style-type: none"> <li>• Updated Core Treatment and Psychotherapy Services</li> <li>• Updated Assessment, Psychotherapy, and Support Services</li> </ul>
12-01-16	2	49	Updated Billable Code/Location of Service

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Date	Section	Page(s)	Change
12-01-16	3	7 8 16	<ul style="list-style-type: none"> <li>Updated Diagnostic Codes</li> <li>Updated Place of Service Key</li> <li>Updated CMS-1500 Instructions, field 24D</li> </ul>
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5, 6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
10-01-16	2	7	<ul style="list-style-type: none"> <li>Updated Enrollment Application for Organizations</li> </ul>
09-01-16	2	111 117	<ul style="list-style-type: none"> <li>Updated Behavior Modification (B-MOD), Service Documentation</li> <li>Updated Family Support (FS) (0-21), Service Documentation</li> </ul>
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	2	37 46	Updated Staff Monitoring/ Supervision Staff Updated Clinical Service Notes
08-01-16	4	8	Updated MCO Frequency Limits for procedure code 90837
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	2	3 12-20 25-48 51-54 64-77 81-93	Updated the following sections: <ul style="list-style-type: none"> <li>Rehabilitative Services</li> <li>Provider Qualifications</li> <li>Eligibility For Rehabilitative Services</li> <li>Documentation Requirements</li> <li>Billing Requirements</li> <li>Core Rehabilitative Service Standards</li> </ul>

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Date	Section	Page(s)	Change
		96-112 113-158	<ul style="list-style-type: none"> <li>Core Treatment – Psychotherapy and Counseling Services</li> <li>Community Support Services</li> </ul>
07-01-16	4	1-5	Updated the Procedure Codes Table
07-01-16	Forms	-	Updated the following documents/forms: <ul style="list-style-type: none"> <li>Accreditation Crosswalk</li> <li>Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service</li> <li>Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> <li>RBHS Limit Exception Request Form</li> </ul>
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated Administration section</li> <li>Updated Procurement of Forms section</li> </ul>
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	2	27, 29	Updated Eligibility for Rehabilitative Services section.
05-01-16	Forms	-	Added the following forms: <ul style="list-style-type: none"> <li>Community Integration Services Provider Credentialing Request</li> <li>Therapeutic Childcare Center Credentialing Request</li> </ul>
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	13-14 27, 28	Updated the following sections: <ul style="list-style-type: none"> <li>Maintenance of Staff Credentials</li> <li>Documenting Medical Necessity for <u>Community Support Services</u></li> </ul>

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Date	Section	Page(s)	Change
		32, 33 34 36-40 47 78	<ul style="list-style-type: none"> <li>Utilization Management for Private Providers</li> <li>Service Limit Exception Process</li> <li>Medicaid Rehabilitative Staff Qualifications</li> <li>Documentation Requirements</li> <li>Staff Qualifications</li> </ul>
04-01-16	Forms	-	<ul style="list-style-type: none"> <li>Added Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service – Spanish</li> </ul>
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	<p>Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals:</p> <ul style="list-style-type: none"> <li>South Carolina Medicaid Program <ul style="list-style-type: none"> <li>Program Description</li> <li>SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>Records/Documentation Requirements <ul style="list-style-type: none"> <li>General Information</li> <li>Signature Policy</li> </ul> </li> <li>Medicaid Program Integrity <ul style="list-style-type: none"> <li>Program Integrity</li> </ul> </li> <li>Appeals</li> </ul>
02-01-16	2	25 31 38 113-114 119-120	<p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>Documenting Medical Necessity for <u>Community Support Services</u></li> <li>Utilization Management For Private Providers</li> <li>Medicaid Rehabilitative Staff Qualifications, Licensed Practical Nurse (LPN)</li> <li>PRD, Same Day Service Restrictions (formerly Special Restrictions Related to Other Services)</li> <li>B- Mod, Same Day Service Restrictions (formerly Special Restrictions Related to Other Services)</li> </ul>



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Date	Section	Page(s)	Change
		127-128	<ul style="list-style-type: none"> <li>FS, Same Day Service Restrictions (formerly Special Restrictions Related to Other Services)</li> </ul>
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	2	23-46 47-52 57-59 62 72 71-84 85-100 101-132 133-180	<ul style="list-style-type: none"> <li>Updated the following sections:               <ul style="list-style-type: none"> <li>Eligibility for Rehabilitative Services, Medical Necessity – entire section</li> <li>Documentation Requirements – entire section</li> <li>Non-Billable Medicaid Activities</li> <li>IPOC Components</li> <li>90-Day Progress Summaries</li> <li>Discharge/Transition Criteria</li> <li>Core Rehabilitative Service Standards – entire section</li> <li>Core Treatment – Psychotherapy and Counseling Services – entire section</li> <li>Community Support Services – entire section</li> <li>Substance Use Disorder Treatment Services</li> </ul> </li> </ul>
01-01-16	4	1-3 5-10	Updated the following sections: <ul style="list-style-type: none"> <li>Procedure Codes Table</li> <li>DAODAS Only Procedure Codes</li> </ul>
01-01-16	Forms	-	<ul style="list-style-type: none"> <li>Added Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service</li> <li>Revised the Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> </ul>
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	2	5-6 9 14-15	<ul style="list-style-type: none"> <li>Added the following sections:               <ul style="list-style-type: none"> <li>Accreditation</li> <li>Location/Zoning Requirements</li> <li>Licensed Professionals</li> </ul> </li> </ul>

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Date	Section	Page(s)	Change
		15 15-16 19 19 19-20  1-2 2-3 6-8 9  9-10 11-14 16-17  17-18  20 20-21  35	<ul style="list-style-type: none"> <li>o Training</li> <li>o Reporting Business Changes</li> <li>o Third-Party Liability</li> <li>o Maintenance of Fiscal and Medical Records</li> <li>o Quality Improvement and Monitoring</li> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>o Rehabilitative Services Overview</li> <li>o Rehabilitative Services</li> <li>o Enrollment Application for Organizations</li> <li>o Facility Qualifications (formerly Facility Requirements)</li> <li>o Business Requirements</li> <li>o Maintenance of Staff Credentials</li> <li>o Reporting Program Changes (formerly Reporting Changes)</li> <li>o Provider Termination (formerly Business Termination Guidelines)</li> <li>o Managed Care Organization</li> <li>o Quality Improvement Agent (QIO) Authorization</li> <li>o Medicaid Rehabilitative Staff Qualifications</li> </ul> </li> </ul>
11-01-15	Forms		Added the following forms: <ul style="list-style-type: none"> <li>• Accreditation Crosswalk for Rehabilitative Behavioral Health Services</li> <li>• Accreditation for Rehabilitative Behavioral Health Services</li> <li>• Program Changes for Rehabilitative Behavioral Health Services</li> <li>• Voluntary Termination Notification for Rehabilitative Behavioral Health Services</li> </ul> Deleted the following forms: <ul style="list-style-type: none"> <li>• Sample Attestation Statement</li> <li>• Rehabilitative Services – Program Update</li> </ul>
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> <li>• Revised edit code 507, 821, 837, 838, 839</li> </ul>
10-01-15	1	7 10	<ul style="list-style-type: none"> <li>• Updated to add SCDHHS alerts</li> <li>• Updated Provider Participation</li> </ul>
10-01-15	2	87	<ul style="list-style-type: none"> <li>• Updated Admission Criteria for Children and Adolescents (ages 0-21)</li> </ul>

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Date	Section	Page(s)	Change
10-01-15	Appendix 1	1  1 All  4, 20, 23, 27, 43	<ul style="list-style-type: none"> <li>Updated general instructions</li> <li>Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System               <ul style="list-style-type: none"> <li>Added note to general instructions</li> <li>Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>
09-01-15	2	86,87 91  97	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System:               <ul style="list-style-type: none"> <li>Eligibility for Rehabilitative Services</li> <li>Admission Criteria for Children and Adolescents (ages 0-21)</li> <li>Admission Criteria for Children and Adolescents (ages 0-21)</li> </ul> </li> </ul>
09-01-15	3	6-7 14 22	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System:               <ul style="list-style-type: none"> <li>Diagnostic Codes</li> <li>CMS-1500 Claim From Completion Instructions, field 21</li> </ul> </li> <li>Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool</li> </ul>
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> <li>Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System</li> </ul>
07-01-15	2	10	Corrected spelling for PRS services
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	3	6-7	Updated Diagnostic Codes

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Date	Section	Page(s)	Change
05-01-15	2	10 13-37 38-58 60-71 73-86  91-111 118-159	Updated the following sections: <ul style="list-style-type: none"> <li>• Provider Qualifications</li> <li>• Eligibility for Rehabilitative Services</li> <li>• Documentation Requirements</li> <li>• Core Rehabilitative Service Standards</li> <li>• Core Treatment – Psychotherapy and Counseling Services</li> <li>• Community Support Services</li> <li>• Substance Abuse Treatment Services</li> </ul>
05-01-15	Forms		<ul style="list-style-type: none"> <li>• Deleted Rehabilitative Behavioral Health Services (RBHS) Independent Third Party Attestation</li> <li>• Updated and renamed Request for Rehabilitative Behavioral Health Services Limit Exception</li> <li>• Added Rehabilitative Behavioral Health Services (RBHS) Referral Form</li> </ul>
04-22-15	4	1-4	Updated Procedure Codes Table
04-01-15	Form		Updated the following forms: <ul style="list-style-type: none"> <li>• Fax Cover Sheet for RBHS Exceptions</li> <li>• Request for RBHS Daily Service Limit Exception</li> </ul>
03-19-15	4	1-11	Deleted effective date February 1, 2015 from table headings
03-13-15	3	13  25	<ul style="list-style-type: none"> <li>• Updated CMS-1500 Claim Form Completion Instructions</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
03-13-15	5	1	Updated Correspondence and Inquiries
03-01-15	2	13-33 34-55 56-70 89-110	Updated the following sections: <ul style="list-style-type: none"> <li>• Eligibility for Rehabilitative Services</li> <li>• Documentation Requirements</li> <li>• Core Rehabilitative Service Standards</li> <li>• Community Support Services</li> </ul>
03-01-15	4		Updated the following sections:

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Date	Section	Page(s)	Change
		1-4 5-9	<ul style="list-style-type: none"> <li>Procedure Codes Table</li> <li>DAODAS Only Procedure Codes</li> </ul>
03-01-15	Forms		Added the following forms: <ul style="list-style-type: none"> <li>Rehabilitative Behavioral Health Services (RBHS) Independent Third Party Attestation</li> <li>Fax Cover Sheet for RBHS Exceptions</li> <li>Request for RBHS Daily Service Limit Exception</li> </ul>
03-01-15	Appendix 2		Updated carrier codes
02-01-15	2	8 41 49-51	Updated the following sections: <ul style="list-style-type: none"> <li>Provider Qualifications</li> <li>Documentation Requirements</li> <li>Core Treatment – Psychotherapy and Counseling Services</li> </ul>
02-01-15	4	1,2	Updated procedure codes table
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	2	10	Update the following sections: <ul style="list-style-type: none"> <li>Provider Qualifications</li> <li>Core Treatment – Psychotherapy and Counseling Services</li> </ul>
12-01-14	3	3-4 27-28	Added the following policies: <ul style="list-style-type: none"> <li>Copayment</li> <li>Claim Reconsideration</li> </ul>
12-01-14	4	5-10	Updated to reflect Medicaid Bulletin - Psychotherapy Frequency Limits in the Rehabilitative Behavioral Health Services (RBHS) manual in the Drug and Alcohol section
12-01-14	Forms		Added Claims Reconsideration form

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12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> <li>Updated edit code 079, 637, 719, 820, 821, 908, 909</li> <li>Added new edit code 790</li> </ul>
09-01-14	2	5-11 46-71 94-134	Updated the following sections <ul style="list-style-type: none"> <li>Provider Qualifications</li> <li>Core Treatment – Psychotherapy and Counseling Services</li> <li>Substance Abuse Treatment Services</li> </ul>
09-01-14	4	1 5	<ul style="list-style-type: none"> <li>Updated procedure codes table</li> <li>Updated DAODAS only procedure codes table</li> </ul>
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> <li>Deleted edit codes 845 and 969</li> <li>Updated edit codes 537, 837-839, 843, 844, and 892</li> </ul>
07-01-14	2	1-2 3-11 13-30 31-49 52-71 78-89 109	Updated the following sections: <ul style="list-style-type: none"> <li>Rehabilitative Services Overview</li> <li>Provider Qualifications</li> <li>Eligibility for Rehabilitative Services</li> <li>Documentation Requirements</li> <li>Core Treatment-Psychotherapy and Counseling Services</li> <li>Community Support Services</li> <li>Substance Abuse Treatment Services</li> </ul>

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Date	Section	Page(s)	Change
07-01-14	Forms	-	<ul style="list-style-type: none"> <li>Removed DHHS Form 254</li> <li>Removed Medical Necessity Statement for Rehabilitative Services</li> </ul>
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	2	3-9 24 37-45 48-64	Updated the following sections: <ul style="list-style-type: none"> <li>Provider Qualifications</li> <li>Eligibility for Rehabilitative Services</li> <li>Documentation Requirements</li> <li>Core Rehabilitative Service Standards</li> </ul>
05-01-14	5	1  5	<ul style="list-style-type: none"> <li>Replaced reference to county office listing with the Where To Go for Help web address</li> <li>Removed DHHS county office listing</li> </ul>
05-01-14	Forms		Updated Rehabilitative Services – Program Update Form
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated the edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25  29-31 32 33 37 39	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated the following sections:               <ul style="list-style-type: none"> <li>Program Integrity</li> <li>Recovery Audit Contractor</li> <li>Beneficiary Oversight</li> <li>Fraud</li> <li>Referrals to the Medicaid Fraud Control Unit</li> </ul> </li> </ul>

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Date	Section	Page(s)	Change
		41-44	<ul style="list-style-type: none"> <li>Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul>
04-01-14	3	1-41  7- 20  21 24-25	<ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> <li>Updated Trading Partner Agreement</li> <li>Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms</li> <li>Removed note on CMS-1500 (02/12) version claim form</li> <li>Removed CMS-1500 (08/05) version claim form (s)</li> <li>Removed Sample Edit Correction Form</li> <li>Updated Sample Remittance Advice</li> </ul>
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> <li>Added edit code 527</li> <li>Entire section:               <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> </ul> </li> </ul>
04-01-14	TPL Supplement	5 6-8 9-10	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:               <ul style="list-style-type: none"> <li>Timely Filing Requirements</li> <li>Reasonable Effort</li> <li>Nursing Facility Claims</li> </ul> </li> </ul>



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		10-11 13-14 15-16 22-23 30-31	<ul style="list-style-type: none"> <li>o Professional, Institutional, and Dental Claims</li> <li>o Rejected Claims</li> <li>o Recovery</li> <li>o Sample Forms – Reasonable Effort</li> <li>o Sample Forms – ECF (deleted)</li> </ul>
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25  1-2 4  6  26 29-30 32 32	<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>• Managed Care Organizational Changes dated November 15, 2013</li> <li>• Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> <p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• South Carolina Health Connections Medicaid card</li> <li>• South Carolina Web-based Claims Submissions Tool</li> <li>• Retroactive Eligibility</li> <li>• Program Integrity</li> <li>• Recovery Audit Contractor</li> <li>• Beneficiary Explanation of Medical Benefits Program</li> </ul>
01-01-14	3	-	<p>Updated entire section to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	5	1 3-4	<p>Updated the following sections</p> <ul style="list-style-type: none"> <li>• Correspondence and Inquiries</li> <li>• Procurement of Forms</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-14	Forms		<ul style="list-style-type: none"> <li>Added CMS-1500 (02/12) version claim form</li> <li>Added note to CMS-1500 (05/85) version claim form</li> <li>Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</li> </ul>
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> <li>Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>
12-01-13	2	3-12 13-30 32-49 51-77 78-141	Updated the following sections: <ul style="list-style-type: none"> <li>Provider Qualifications Section</li> <li>Eligibility for Rehabilitative Services</li> <li>Documentation Requirements</li> <li>Core Rehabilitative Standards</li> <li>Community Support Services</li> </ul>
12-01-13	4	32	Updated RBHS procedure codes tables
12-01-13	5	12	Updated Orangeburg mailing address zip codes
12-01-13	Forms	-	<ul style="list-style-type: none"> <li>Updated DHHS Form 254</li> <li>Updated Medical Necessity Statement for Rehabilitative Services</li> </ul>
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-13	5	12 13	<ul style="list-style-type: none"> <li>Updated Orangeburg office and mailing address</li> <li>Updated York County office address</li> </ul>
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> <li>Updated CARCs/RARCs throughout section</li> <li>Added edit codes 110 and 725</li> <li>Deleted edit code 961</li> <li>Revised edit codes 720, 749, 750, 758, and 759</li> </ul>
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> <li>Added WellCare MCO Medicaid card and contact information</li> </ul>
09-01-13	4	1-4 5-9	<ul style="list-style-type: none"> <li>Updated procedure codes table</li> <li>Updated DAODAS only procedure codes table</li> </ul>
09-01-13	5	8 10 13	<ul style="list-style-type: none"> <li>Updated Darlington County zip code</li> <li>Updated Laurens County phone number</li> <li>Updated York County office address</li> </ul>
08-01-13	2	1,2 3-10 11-25 27-43 45-53 55-68  69-85 87-108	<p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>Rehabilitative Services Overview</li> <li>Provider Qualifications</li> <li>Eligibility for Rehabilitative Services</li> <li>Documentation Requirements</li> <li>Core Rehabilitative Service Standards</li> <li>Core Treatment – Therapy and Counseling Services</li> <li>Community Support Services</li> <li>Substance Abuse Treatment</li> </ul>
08-01-13	5	13	<ul style="list-style-type: none"> <li>Updated York County physical address</li> </ul>
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> <li>Updated resolution for edit code 007</li> <li>Updated RARC and resolution for edit codes 820 and 821</li> <li>Deleted edit codes 954, 955, and 956</li> </ul>
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	4	1 1-4 1-10	<ul style="list-style-type: none"> <li>Updated units of service language</li> <li>Revised table header</li> <li>Deleted MCO language in footer</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-13	5	8 11	<ul style="list-style-type: none"> <li>Updated Colleton County office telephone number</li> <li>Deleted Newberry County PO Box address</li> </ul>
07-01-13	Forms	-	Updated Rehabilitative Services – Provider Update Forms (formerly Rehabilitative Behavioral Health Services)
06-01-13	5	12	<ul style="list-style-type: none"> <li>Updated Richland county office telephone number</li> </ul>
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> <li>Updated resolutions for edit codes 107, 219, 339 673, 720</li> <li>Deleted edit code 577</li> </ul>
05-15-13	2	1 3 11 31 54 70  87 107	Updated the following sections: <ul style="list-style-type: none"> <li>Rehabilitative Services Overview</li> <li>Provider Qualifications</li> <li>Eligibility for Rehabilitative Services</li> <li>Documentation Requirements</li> <li>Core Rehabilitative Service Standards</li> <li>Core Treatment – Therapy and Counseling Services</li> <li>Community Support Services</li> </ul> Added Substance Abuse Treatment Services Section
05-15-13	4	1-4  6-11	<ul style="list-style-type: none"> <li>Updated Assessment, Therapy Service, and Support services procedure codes table</li> <li>Updated DAODAS only procedure codes table</li> </ul>
05-15-13	Forms	-	Added Rehabilitative Behavioral Health Services(RBHS) Program Update Form
05-01-13	3	6	Deleted Place of Service Code 21
04-01-13	1	6	Corrected the URL for <a href="http://MedicaideLearning.com">MedicaideLearning.com</a>
04-01-13	4	1-4  5-10	<ul style="list-style-type: none"> <li>Updated Assessment, Therapy Service, and Support services procedure codes table</li> <li>Added DAODAS procedure codes table</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-13	Appendix 1	2  20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> <li>Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>Updated CARCs for edit codes 460, 544, 569</li> <li>Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>Added edit codes 820, 821</li> <li>Updated edit code 935, 938, 939</li> </ul>
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	7, 8	<ul style="list-style-type: none"> <li>Changed mental retardation to intellectual disabilities or related disabilities</li> </ul>
03-01-13	4	1-4  5-10	<ul style="list-style-type: none"> <li>Updated Assessment, Therapy Service, and Support services procedure codes table</li> <li>Added DAODAS procedure codes table</li> </ul>
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70  38, 54, 70	Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
02-01-13	Forms	-	Revised DHHS Form 254
02-01-13	4	-	<ul style="list-style-type: none"> <li>Updated RBHS procedure code table</li> <li>Added new table for DAODAS only procedure codes</li> </ul>
01-11-13	Forms	-	Corrected procedure code for Diagnostic Assessment without medical- initial on Form 254

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-04-13	Forms	-	Corrected procedure codes for Individual Psychotherapy on Form 254
01-01-13	2	39 41 42 43	Updated the following sections: <ul style="list-style-type: none"> <li>• Diagnostic Assessment</li> <li>• Initial Assessment</li> <li>• Follow-up Assessment</li> <li>• Billing/Frequency Limits</li> </ul>
01-01-13	4	1-8	Updated procedure code table
01-01-13	5	7 9	<ul style="list-style-type: none"> <li>• Added Chester county Zip+4 code</li> <li>• Updated Greenville PO Box address</li> </ul>
01-01-13	Forms	-	Updated Form 254
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6  7-8  27-32  33-41	<ul style="list-style-type: none"> <li>• Updated web addresses for provider information and provider training</li> <li>• Revised heading and language to reflect new provider enrollment requirements</li> <li>• Updated Program Integrity language (entire section)</li> <li>• Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)</li> </ul>
12-03-12	3	6  10-11  19, 34, 37 25-26	<ul style="list-style-type: none"> <li>• Updated National Provider Identifier and Medicaid Provider Number</li> <li>• Updated fields 17, 17b to add requirement for referring or ordering provider NPI</li> <li>• Updated provider information web addresses</li> <li>• Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	5	Need page numbers	<ul style="list-style-type: none"> <li>• Updated URL for provider information</li> <li>• Updated McCormick county office telephone number</li> </ul>
12-01-12	Appendix 1	24, 26, 27, 32, 33	<ul style="list-style-type: none"> <li>• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> <li>Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926</li> </ul>
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	2	3-7 7 7 9 10 10 16	Updated the following sections: <ul style="list-style-type: none"> <li>Provider Qualifications (entire section)</li> <li>Eligibility for Rehabilitative Services</li> <li>Medical Necessity</li> <li>Services Directly Provided by State Agencies</li> <li>Referrals to Private Organizations</li> <li>State Agency Referrals</li> <li>Medicaid RBHS Staff Qualification for LISW-CP and SAP</li> </ul>
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 26, 31, 34, 38 7, 19, 25	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Updated hyperlinks</li> </ul>
08-01-12	5	1	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		5	<ul style="list-style-type: none"> <li>Removed fax request information for SCDHHS forms</li> </ul>
		7	<ul style="list-style-type: none"> <li>Added SCDHHS forms online order information</li> <li>Updated telephone number for Greenville county office</li> </ul>
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>Deleted forms 140 and 142</li> <li>Updated Duplicate Remittance Advice Request Form</li> </ul>
08-01-12	Appendix 1	- 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987</li> <li>Added edit codes 349, 590, 978, 990, 991-995</li> <li>Deleted edit codes 166, 205, 573, 574, 593, 596</li> <li>Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul>
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> <li>Changed Division of Care Management to Bureau of Managed Care</li> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed language limiting enrollment to 2500 members</li> <li>Update contact information for Palmetto Physician Connections</li> <li>Added to “Medicaid” to BlueChoice HealthPlan</li> </ul>
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> <li>Deleted edit codes 386 and 868</li> <li>Added edit codes 837, 838, 839</li> </ul>
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	Appendix 1	62	Updated edit code 975



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	11 12	<ul style="list-style-type: none"> <li>Updated address for Marion County</li> <li>Updated phone number for Newberry County</li> </ul>
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	<ul style="list-style-type: none"> <li>Updated edit code 402</li> <li>Updated edit code 544</li> <li>Updated edit code 636, 637, and 642</li> </ul>
02-01-12	2	3 6 9	<ul style="list-style-type: none"> <li>Updated Private Organizations</li> <li>Deleted Provisional Enrollment section</li> <li>Updated Eligibility for Rehabilitative Services</li> </ul>
02-01-12	3	22 24	<ul style="list-style-type: none"> <li>Added a note regarding The Web Tool</li> <li>Updated the Remittance Advice -835 Transaction</li> </ul>
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	<ul style="list-style-type: none"> <li>Updated edit code 402</li> <li>Updated edit code 636, 637, and 642</li> <li>Updated edit code 766</li> <li>Updated edit code 867</li> </ul>
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 25	<ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated EFT information</li> </ul>
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	Appendix 1	62  -	<ul style="list-style-type: none"> <li>Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> <li>Updated CARCs and RARCs throughout the document</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	39, 43, 44	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12  3, 17, 19	<ul style="list-style-type: none"> <li>Changed Medicare timely filing requirement to two years and six months</li> <li>Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code</li> <li>Deleted sample legacy number from UB-04 TPL Fields table</li> <li>Updated TPL contact information</li> </ul>
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> <li>Added edit codes 334 and 584</li> <li>Updated edit code 845</li> </ul>
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	13	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> <li>Updated resolution for edit code 300</li> <li>Added edit codes 840 and 841</li> <li>Updated Provider Enrollment Contact information in edit codes 941 and 944</li> </ul>
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
06-01-11	Forms	-	Removed Referral Request for Out of State Therapeutic Treatment Services form
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	2	3 5& 6	<ul style="list-style-type: none"> <li>Updated language for Private Organizations</li> <li>Updated policy and Web sites for New Provider Enrollment for Private Organizations</li> </ul>
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	2	5, 6	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	20, 21, 27, 28	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-11	Appendix 1	- 67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description
03-01-11	Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11	TPL Supplement	17 24, 25	<ul style="list-style-type: none"> <li>Changed the name of the Provider Outreach Web site to Provider Enrollment and Education</li> <li>Updated the descriptions for Form130s</li> </ul>
02-01-11	2	-	Reformatted sections throughout document
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	<ul style="list-style-type: none"> <li>Updated the South Carolina Medicaid Web-based Claims Submission Tool section</li> <li>Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits</li> </ul>
01-01-11	2	3-5 5-6  6-7 7 7 9 11 19 30 37 40 55  12 12-13  14	<ul style="list-style-type: none"> <li>Updated the following sections: <ul style="list-style-type: none"> <li>Private Organizations</li> <li>New Provider Enrollment for Private Organizations</li> <li>RBHS Enrollment Application</li> <li>Provisional Enrollment</li> <li>Reporting Changes</li> <li>Closure of a RBHS Provider</li> <li>Eligibility for Rehabilitative Services</li> <li>Maintenance of Staff Credentials</li> <li>Billable Code/Location of Service</li> <li>Addendum IPOC</li> <li>Progress Summaries</li> <li>Special Restrictions</li> </ul> </li> <li>In the following sections, updated the medical necessity authorizing staff to include only the state referring LPHA: <ul style="list-style-type: none"> <li>Medical Necessity</li> <li>Contents of the SCDHHS Medical Necessity Statement (MNS)</li> <li>Referrals to Private Organizations</li> </ul> </li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		15	<ul style="list-style-type: none"> <li>o Referrals to Private Organizations, Medical Necessity</li> <li>o Diagnostic Assessment Services</li> </ul>
01-01-11	3	21, 25, 26, 28 18, 34  25	<ul style="list-style-type: none"> <li>• Updated electronic remittance package information</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>
01-01-11	5	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13 15  15	<ul style="list-style-type: none"> <li>• Removed references to Dental claims</li> <li>• Removed language to contact program areas for missing carrier codes</li> <li>• Added reference to CMS-1500 for correcting edit code 151 on the ECF</li> <li>• Added edit code 165 to other TPL-related insurance edit codes list</li> <li>• Updated Retro Medicare section to include the following:               <ul style="list-style-type: none"> <li>o Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>o Added SCDHHS TPL recovery language</li> </ul> </li> <li>• Updated the Retro Health and Pay &amp; Chase section</li> </ul>
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Appendix 1	8 16 32  51 52	<ul style="list-style-type: none"> <li>Edit code 202: added information to Resolution section</li> <li>Edit codes 421 and 424 deleted</li> <li>Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29</li> <li>Deleted edit code 959</li> <li>Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13-14, 18-19  6, 15-17	<ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>
10-01-10	1	-  1 7  10	<ul style="list-style-type: none"> <li>Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>Updated Program Description section</li> <li>Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated Freedom of Choice section</li> </ul>
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	-  1 2  3 4	<ul style="list-style-type: none"> <li>Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>Updated Managed Care Overview</li> <li>Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>Updated MCO Program ID card paragraph</li> <li>Updated MHN Program ID card paragraph</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		5 6 13 17	<ul style="list-style-type: none"> <li>Updated Core Benefits</li> <li>Updated Exempt Services</li> <li>Updated Overview</li> <li>Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul>
09-01-10	5	5 8 11	<ul style="list-style-type: none"> <li>Removed County Commissioner’s Building from the Aiken County address</li> <li>Deleted Dorchester County physical address telephone number</li> <li>Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> <li>Added edit code 225</li> <li>Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> <li>Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>
08-01-10	2	2 3, 4 6 7 8 9 12 14 32 48	<ul style="list-style-type: none"> <li>Updated the following sections:               <ul style="list-style-type: none"> <li>Rehabilitative Services Overview</li> <li>Private Organizations</li> <li>New Provider Enrollment for Private Organizations</li> <li>Private Organization Requirements</li> <li>Reporting Changes</li> <li>Closure for a RBHS Provider</li> <li>Contents of the SCDHHS Medical Necessity Statement (MNS)</li> <li>Medical Necessity</li> <li>Billable Code/Location of Service</li> </ul> </li> <li>Updated the Billing/Frequency Limits for Diagnostic Assessment Services Chart</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-10	3	7-8	Updated modifiers
08-01-10	4	1-8	Updated modifiers
08-01-10	5	5, 9, 11-13 6	<ul style="list-style-type: none"> <li>Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>Updated the address for Barnwell County</li> <li>Updated the telephone number for Beaufort County</li> </ul>
08-01-10	Forms	-	Updated DHHS Form 254
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> <li>Deleted edit code 520</li> <li>Deleted Provider Enrollment e-mail address from codes 941 and 944</li> <li>Changed resolution for edit code 994</li> </ul>
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> <li>Updated edit code 714</li> <li>Updated edit code 738</li> </ul>
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration